

# Disclosure Report Cover

Amendment  
☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information

<b>1. Committee Information</b>	
a. Full Name Committee to Elect Tripp Melton for Town Council	c. ID Number 1JM81V
b. Mailing Address (include City, State and Zip Code) 3905 Waters Reach Ln Indian Trail, NC 28079	d. Date Filed 09/29/2015
<div style="text-align: center;"> <b>RECEIVED</b>  <b>SEP 30 2015</b>              Union Co. Board of Elections           </div>	
e. Phone Number 704 821 6577	

<b>2. Report Year</b> 2015	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2015	<b>4. Period End Date (mm/dd/yy)</b> 09/22/2015	<b>5. Treasurer Full Name</b> Nancy Lynn Jacobsen
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b> 0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>10. Special Report Name</b>				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name BB+T		a. Financial Institution Full Name PayPal	
b. Purpose Checking	c. Account Code 01	b. Purpose Online payment and receipt	c. Account Code 02
d. Period Begin Balance \$ 00.00		d. Period Begin Balance \$ 0.00	

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Nancy Jacobsen  
 Printed Name of Signer

*Nancy Jacobsen*  
 Signature of Appointed Treasurer

09/29/2015  
 Date

**FOR OFFICE USE ONLY**

Date Received: 9/30/15 Employee: K. Quinn

Date Postmarked: 9/29/15 Employee: K. Quinn

Date Scanned: 10/1/15 Employee: K. Quinn

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

☒ Normal Mail

☐ Registered Mail

☐ Hand Delivered

☐ Electronically Filed

☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Committee to Elect Tripp Melton for Town Council		Thirty-Five Day		1JM8IV	
<b>Start of Election Cycle:</b>		<b>January 1,</b>		<b>2015</b>	
		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 0.0		\$ 0.0	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>		(CRO-1205)		\$ 2,755.00	
<b>6) Contributions from Individuals</b>		(CRO-1210)		\$	
<b>7) Contributions from Political Party Committees</b>		(CRO-1220)		\$	
<b>8) Contributions from Other Political Committees</b>		(CRO-1230)		\$	
<b>9) Loan Proceeds</b>		(CRO-1410)		\$	
<b>10) Refunds/Reimbursements To the Committee</b>		(CRO-1240)		\$	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b>		(CRO-1250)		\$	
<b>11b) Contributions from Not-for-Profit Organizations</b>		(CRO-1250)		\$	
<b>11c) Outside Sources of Income</b>		(CRO-1250)		\$	
<b>11d) Legal Expense Fund – Other Sources</b>		(CRO-1270)		\$	
<b>11 e) Exempt Purchase Price Sales</b>		(CRO-1265)		\$	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 2,755.00	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b>		(CRO-1310)		\$	
<b>13b) Contributions to Candidates/Political Committees</b>		(CRO-1310)		\$	
<b>13c) Coordinated Party Expenditures</b>		(CRO-1310)		\$	
<b>14) Aggregated Non-Media Expenditures</b>		(CRO-1315)		\$	
<b>15) Loan Repayments</b>		(CRO-1420)		\$	
<b>16) Refunds/Reimbursements From the Committee</b>		(CRO-1320)		\$	
<b>17) In-Kind Contributions</b>		(CRO-1510)		\$ 5.00	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 5.00	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)				\$ 2,750.00	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>		(CRO-1330)		\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>		(CRO-1430)		\$	
<b>22) Debts and Obligations owed By the Committee</b>		(CRO-1610)		\$ 1,553.21	
<b>23) Debts and Obligations owed To the Committee</b>		(CRO-1620)		\$	
<b>24) Account Transfers Within the Committee</b>		(CRO-1720)		\$	
<b>25) Administrative Support</b>		(CRO-1710)		\$	
<b>26) Forgiven Loans</b>		(CRO-1440)		\$	
<b>27) 48-Hour Notice Reports Sum</b>		(CRO-2200)		\$	
<b>28) Contributions to be Refunded</b>		(CRO-1215)		\$	

# Contributions from Individuals

Pg 1 of 2

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect Tripp Melton for Town Council				1JM8IV	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Nancy Lynn Jacobsen 3905 Waters Reach Ln Indian Trail, NC 28079 704 821 6577		Homemaker			
		<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>	
				\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	01	Check		07/14/2015	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Thomas J Logano 8687 Arbor Oaks Circle Concord, NC 28027		Owner			
		<b>c. Employer's Name/Specific Field</b>			
		Spectator Sports and Recreation Industries			
				<b>e. Election Sum to Date</b>	
				\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	01	Check		09/03/2015	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
R Dean Harrell 2400 Beaulah Church Rd Matthews, NC 28104		Owner			
		<b>c. Employer's Name/Specific Field</b>			
		Construction/Land Development			
				<b>e. Election Sum to Date</b>	
				\$ 2,000.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	01	Check		09/12/2015	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>				\$ 2,750.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 2,755.00	

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# Contributions from Individuals

Pg 2 of 2

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Tripp Melton for Town Council					1JM8IV	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Tripp Melton 2007 Terrapin Street Indian Trail, NC 28079 704 219 6879			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			Owner			
			<b>c. Employer's Name/Specific Field</b>			
			Real Estate/Hair Salon Franchi		<b>e. Election Sum to Date</b>	
				\$ 5.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		Cash	UCBOEI registration	07/14/2015	\$ 5.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 5.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 2755.00	

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# In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Committee to Elect Tripp Melton Mayor		1JM8IV	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
Tripp Melton 2007 Terrapin Street. Indian Trail, NC 28079 704 219 6879		<input type="checkbox"/> Individual	
		<input checked="" type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$ 5.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
UC Board of Elections Registration Fee		07/14/2015	
		<b>g. Fair Market Amount</b>	
		\$ 5.00	
		\$	
		\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
		<b>g. Fair Market Amount</b>	
		\$	
		\$	
		\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
		<b>g. Fair Market Amount</b>	
		\$	
		\$	
		\$	
<b>4. Total only this Page</b>			
\$ 5.00			
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)			
\$ 5.00			

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SEP 30 2015

Union Co. Board of Elections

# Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment

☐ Yes

☒ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Committee to Elect Tripp Melton for Town Council		1JM8IV	
<b>3. Creditor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Austin Print Solutions 241 Post Office Dr. Indian Trail, NC 28079 (704) 821-6165		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor. <b>b. Description of Creditor</b> Small Business	
<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	<b>f. Remaining Balance</b>
\$ 0	\$ 0.00	\$ 1,553.21	\$ 1,553.21
<b>g. Incurred Debts (what the committee received this period)</b>			
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
Austin Print Solutions 241 Post Office Dr. Indian Trail, NC 28079 (704) 821-6165		09/11/2015	\$ 1,553.21
		<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
		B	Signs & Stanchions
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
			\$
		<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
			\$
		<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
			\$
		<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
			\$
		<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
<b>4. Total only this Page</b>		\$ 1,553.21	
(This should be the sum of all items 'g3.' from this page)			
<b>5. Total of ALL CRO-1610 Pages</b>		\$ 1,553.21	
(This line must be on line 22 of Detailed Summary Page CRO-1100)			
<b>6. Purpose Codes (List detailed expenditure code in (g4.))</b>			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			

CRO-1610

SEP 30 2015

NC State Board of Elections

February 2011

Union Co. Board of Elections